

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 78780  
Milwaukee, WI 53293-0780  
**FAX #:** (608) 267-0592  
**Phone #:** (608) 266-2112

**Office Location:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [DSpscCredTrades@wi.gov](mailto:DSpscCredTrades@wi.gov)  
**Website:** <http://dsps.wi.gov>

## **DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING**

### **INSTRUCTIONS FOR JOURNEYMAN ELECTRICIAN APPLICATION**

#### **Requirements for Credential**

Per [Wis. Stats. § 101.862](#), no person may install, repair or maintain electrical wiring unless the person is licensed as an electrician by the Department or unless the person is enrolled as a registered Electrician by the Department.

Per [Wis. Admin. Code § SPS 305.40](#), a person who holds a license as a licensed Journeyman Electrician or a registration as a registered Electrical Apprentice shall perform electrical wiring activities under the general supervision of a person who holds a license as a licensed Master Electrician or a registration as a Registered Master Electrician. A person who holds a license as a licensed Journeyman Electrician or a registration as a registered Electrical Apprentice may perform electrical wiring activities under the general supervision of a person who holds a license as a licensed Residential Master Electrician provided the wiring associated with dwellings, dwelling units and detached accessory buildings and structures serving the dwellings or the dwelling units, such as garages, carports, gazebos, and swimming pools.

#### **AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

1. **Application and Fee:** The fee consists of a \$35 application fee and a \$30 exam fee. When the exam is passed the applicant will pay a \$100 prorated credential fee, based on a 4 year term from June 30<sup>th</sup>.
2. **Construction Apprenticeship or Experience:** A person applying for a Journeyman Electrician license examination shall have completed **one** of the following:
  - a. **Electrical Construction Apprenticeship:** Completed an electrical construction apprenticeship program recognized under [Wis. Stats. § 106](#) or the Federal Department of Labor. **Attach** a copy of certificate of completion from the Wisconsin Bureau of Apprenticeship Standards stating that you have satisfied the requirements of an electrical construction apprenticeship program in order to take the exam. If you have any questions about apprenticeship standards, please contact the Wisconsin Bureau of Apprenticeship Standards at: <http://dwd.wisconsin.gov/apprenticeship/contacts.htm> or 608-266-3332.
  - b. **Experience:** At least 8,000 hours of experience over a period of at least 48 months in installing, repairing and maintaining electrical wiring. If a person has a degree or diploma from a 2 year program from a school of electrical engineering or from a 2 year program at an accredited technical or vocational school in an electrical related program, the applicant may claim 2,000 hours and 12 months towards the required experience. **Complete** the Experience Table on Page 2. **Attach** a copy of transcripts, if applicable.
3. **Examination:** Select an exam date on Page 2. For additional information on exam content, please view the Department website at <http://dsps.wi.gov> under "Licenses, Permits, and Registrations" and select "Trades Professions."

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## DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

### APPLICATION FOR JOURNEYMAN ELECTRICIAN LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

**PLEASE TYPE OR  
PRINT IN INK**

☐ Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

**Last Name**

**First Name**

**MI**

**Date of Birth**

 /  / 

**Address (street, city, state, zip)**

**Daytime Telephone Number**

 -  - 

**Social Security #**

 -  - 

Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

**Have you ever held a Trades credential in WI?** ☐ Yes ☐ No

If yes, list your credential number:

**Email Address**

**APPLICATION FEES:** Please check applicable box. Make check payable to DSPS and attach to this application.

☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see further information below)

☐ **Initial Credential Fee**  
\$35.00 Application Fee  
\$30.00 Exam Fee  
**\$65.00 Total Fee Attached**

☐ **Reinstatement Fee (credential expired more than 4 years)**  
\$35.00 Application Fee  
\$30.00 Exam Fee  
\$25.00 Late Renewal Fee  
**\$90.00 Total Fee Attached**

**APPLICATION IS NOT COMPLETE UNTIL ALL OF THE  
FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

☐ **Fee and Application** (including signature on Page 3)

☐ **Supporting Documentation** (see Page i for instruction, i.e. letter of apprenticeship completion)

☐ Is name on all credentials the same? If not, list former/maiden name(s):

**ARE YOU A VETERAN?** If yes, please view the Department website at <http://dsps.wi.gov> under "Licenses, Permits, and Registrations" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" for eligibility requirements.

**If you qualify, are you requesting a waiver of your initial credentialing fee?** ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

**You may contact the DVA at 1-800-WisVets or [www.WISVET.com](http://www.WISVET.com) for assistance in obtaining your DVA Voucher Code and/or documents related to your training.**

# Wisconsin Department of Safety and Professional Services

## EXPERIENCE TABLE:

Document at least 8,000 hours of experience over a period of at least 48 months in installing, repairing and maintaining electrical wiring. The witness must have observed or had knowledge of the number of work hours performed in electrical construction. If a person has a degree or diploma from a 2 year program from a school of electrical engineering or from a 2 year program at an accredited technical or vocational school in an electrical related program, the applicant may claim 2,000 hours and 12 months towards the required experience. Copies of this page may be made to mail to witnesses to sign. (attach additional sheet(s) if necessary)

Month/Year Began	Month/Year Ended	Hours	Signature of Witness OR Name of School	Phone # of Witness
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## TO SCHEDULE AN UPCOMING EXAM:

- Indicate a **first date choice (1)** and a **second date choice (2)** in the event one exam site is full.
- Submit the **fee and this application to the Department at least 30 days in advance of the exam date chosen.**
- Keep a copy of this application for your records. You may only schedule one future exam session at a time for each credential type.
- You will receive a letter from DSPS confirming your upcoming exam, including the time, date and location of the exam.
- If you need special accommodations, please contact us at [DSPSCredTrades@wi.gov](mailto:DSPSCredTrades@wi.gov)

<b>Select One:</b> <input type="checkbox"/> A.M. (Starts at 8:00 a.m.) <u>or</u> <input type="checkbox"/> P.M. (Starts at 1:00 p.m.)				
<b>Pewaukee – WCTC Education Center</b> 800 Main St., Pewaukee, WI 53072	<input type="checkbox"/> January 20, 2016	<input type="checkbox"/> February 10, 2016	<input type="checkbox"/> March 9, 2016	<input type="checkbox"/> April 20, 2016
	<input type="checkbox"/> May 11, 2016	<input type="checkbox"/> June 30, 2016	<input type="checkbox"/> July 20, 2016	<input type="checkbox"/> August 17, 2016
	<input type="checkbox"/> September 28, 2016	<input type="checkbox"/> October 26, 2016	<input type="checkbox"/> November 9, 2016	<input type="checkbox"/> December 14, 2016
<b>Eau Claire – The Plaza Hotel &amp; Suites</b> 1202 W Claremont Ave, Eau Claire, WI 54701	<input type="checkbox"/> February 23, 2016	<input type="checkbox"/> April 12, 2016	<input type="checkbox"/> June 2, 2016	<input type="checkbox"/> August 3, 2016
	<input type="checkbox"/> October 5, 2016	<input type="checkbox"/> December 7, 2016		
<b>Appleton - Fox Valley Technical College</b> 1825 North Bluemound Dr., Appleton 54914	<input type="checkbox"/> January 6, 2016	<input type="checkbox"/> March 22, 2016	<input type="checkbox"/> May 24, 2016	<input type="checkbox"/> July 14, 2016
	<input type="checkbox"/> September 7, 2016	<input type="checkbox"/> November 22, 2016		

**CONTINUING EDUCATION AND RENEWAL REQUIREMENTS:** Please view the Department website at <http://dsps.wi.gov> under “Licenses, Permits, and Registrations” and select “Trades Professions.”

# Wisconsin Department of Safety and Professional Services

## CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

## CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

## AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:  Date:  /  /